In re Richar	d Jonathan Garza, Jr.	- Andrewski and the state of th	
Case Number:	Debtor(s) 11-12729	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):	
	(If known)	■ The presumption arises.	
		☐ The presumption does not arise.	
		☐ The presumption is temporarily inapplicable.	

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was
	filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include allimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  a.			Part II. CALCULATION OF M	ON	THLY INCO	ME FOR § 70	07(b)(7	) E	XCLUSION		
Description of filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury— "My spouse and 1 are living apare of the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptey Code." Complete only column A ("Debtor's Income")  for Lines 3-11.  c. ■ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Bopuse's Income") and Income received from all sources, derived during the six calcular months prior to filing the bankruptey case, ending on the last day of the month before the filing. If the anount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate inline.  3 Gross wages, salary, tips, bonuses, overtime, commissions.  5 11,075.42 \$ 3,380.71  1 Income from the operation of a business, profession or farm. Subtract Line b Brom Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one other an umber less than zero. Do not enter an umber less than zero. Do not enter an umber less than zero. Do not include any part of the business expenses entered on Line bas a deduction in Part V.  2 Debtor Spouse  3 Gross receipts  5 0.00 \$ 0.00  5 Debtor Spouse  6 Interest, dividends, and royalties.  5 0.00 \$ 0.00  6 Interest, dividends, and royalties.  6 Pension and retirement income.  Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include almony or separate maintenance payments or anounts paid by you					· -		his state	men	t as directed.		
"My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of \$70(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  d. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  All figures must reflect average mouthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate column (S) of Line 4. [You operate more than one business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. [You operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not netter a number less than zero. Do not include any part of the unisses expenses entered on Line b as a deduction in Part V.											
purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptey Code." Complete only column A ("Debtor's Income") for Lines 3-11.  c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptey case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months you must divide the six-month total by six, and enter the result on the appropriate cline.  3 Gross wages, salary, tips, bonuses, overtime, commissions.  Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the operating expenses supposes \$ 1,0,00 \$ 0.00 \$ 0											
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Cross wages, salary, tips, bonuses, overtime, commissions.   \$ 11,075,42 \$ 3,380.71						you must divide	the				^
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Line b as a deduction in Part V.   Debtor   Spouse	-						it. Do	1.			
Debtor   Spouse				any	part of the busine	ess expenses ent	ered on				
a. Gross receipts b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 c. Business income	4	Line	b as a deduction in Part V.		Dalutan	<u> </u>					
Description   Subtract Line b from Line a   Subtract Line b   Su		[a	Gross receipts	\$			0.00	1			
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the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.    Debtor   Spouse				Su				\$	0.00	\$	0.00
part of the operating expenses entered on Line b as a deduction in Part V.    Debtor   Spouse		Rent	and other real property income. Subtract I	ine	b from Line a and	enter the differer	ice in				
Debtor   Spouse							le any				
a.   Gross receipts   S   0.00   \$ 0.00     b.   Ordinary and necessary operating expenses   S   0.00   \$ 0.00     c.   Rent and other real property income   Subtract Line b from Line a   \$ 0.00   \$ 0.00     6   Interest, dividends, and royalties.   \$ 0.00   \$ 0.00     7   Pension and retirement income.   \$ 0.00   \$ 0.00     Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment in Column B.   \$ 0.00   \$ 472.00     Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.     However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   Unemployment compensation claimed to be a benefit under the Social Security Act to Debtor \$ 0.00   \$ 0.00   \$ 0.00     Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.   Debtor   Spouse   S   S   S   S   S   S   S   S   S	. 5	part c	of the operating expenses entered on Line b	as							
D. Ordinary and necessary operating expenses   S   0.00   S   0.00		a	Gross receipts	8			0.00				
C.   Rent and other real property income   Subtract Line b from Line a   \$ 0.00 \$ 0.				-							
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expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.  Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00 \$ 0	7	Pensi	on and retirement income.					\$	0.00	\$	0.00
purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.  Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00 \$		Any a	amounts paid by another person or entity,	on a	regular basis, for	the household				-	
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10   Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if	0									-	
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse							Olullii,	\$	0.00	\$	472.00
benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  a. Debtor Spouse  a. S S b. S  Total and enter on Line 10  \$ 0.00 \$ 0.00  Subtotal of Current Monthly Income for \$ 707(b)(7). Add Lines 3 thru 10 in Column A, and, if											
or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor								٠			
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Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse					· · · · · · · · · · · · · · · · · · ·						
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on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse			The state of the s		nount. If necessary	. list additional s	ources			H	
maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse		on a s	separate page. Do not include alimony or ser	para	te maintenance pa	yments paid by	your				
received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse								1		ľ	
Debtor   Spouse											
a.	10							1			
b.   \$   \$   \$   Total and enter on Line 10					Debtor						
Total and enter on Line 10 \$ 0.00 \$ 0.00  Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if					· · · · · · · · · · · · · · · · · · ·		V 11				
Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if				1.0		ΙΦ					
		<u> </u>				1.1		-	0.00	\$	0.00
	11						, and, if	\$	11.075.42	\$	3 852 71

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		14,928.13
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	179,137.56
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: VA b. Enter debtor's household size: 4	\$	86,990.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does not	arise" at the
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

16	Enter the amount from Line 12.	TION OF COL		T MONTHLY INCOM	TETOK § 707(b)	1	44 000 40
17	Marital adjustment. If you checked Column B that was NOT paid on a r dependents. Specify in the lines belo spouse's tax liability or the spouse's amount of income devoted to each p not check box at Line 2.c, enter zero	egular basis for the ow the basis for excl support of persons o surpose. If necessary	houseluding other th	old expenses of the debtor or the Column B income (such a nan the debtor or the debtor's	the debtor's s payment of the dependents) and the	\$	14,928.13
17	a. Wife's student loans b. Wife's credit cards c. Wife's personal loan d. Wife's personal/hygiene Total and enter on Line 17			\$ 20 \$ 4	0.00 0.00 6.28 0.00	\$	776.28
18	Current monthly income for § 707	(b)(2). Subtract Li	ne 17 f	rom Line 16 and enter the resi	alt.	\$	14,151.85
	Part V. CA	ALCULATION	OF I	DEDUCTIONS FROM	INCOME		
<u> </u>				ds of the Internal Revenu			
19A	Standards for Food, Clothing and O at www.usdoj.gov/ust/ or from the c that would currently be allowed as e additional dependents whom you su	lerk of the bankrupt exemptions on your pport.	cy cou federal	rt.) The applicable number of income tax return, plus the number of the	persons is the number umber of any	\$	1,377.00
19B	National Standards: health care. In Out-of-Pocket Health Care for person Out-of-Pocket Health Care for person www.usdoj.gov/ust/ or from the cler who are under 65 years of age, and older. (The applicable number of person be allowed as exemptions on your feryou support.) Multiply Line a1 by L Line c1. Multiply Line a2 by Line b. c2. Add Lines c1 and c2 to obtain a	ons under 65 years of age of the bankruptcy enter in Line b2 the rsons in each age cateral income tax re ine b1 to obtain a to 2 to obtain a total ar	f age, a or older court.) applic tegory turn, potal amount	and in Line a2 the IRS Nation. (This information is available Enter in Line b1 the applicable able number of persons who a is the number in that category the ten number of any addition ount for persons under 65, and for persons 65 and older, and	al Standards for le at ole number of persons are 65 years of age or that would currently hal dependents whom d enter the result in enter the result in Line		
	Persons under 65 years			Persons 65 years of age			
	a1. Allowance per person b1. Number of persons c1. Subtotal		a2. b2.	Allowance per person Number of persons Subtotal	144 0 0.00	\$	240.00
20A	Local Standards: housing and utili Utilities Standards; non-mortgage ex available at www.usdoj.gov/ust/ or f the number that would currently be a any additional dependents whom yo	ities; non-mortgage expenses for the appl from the clerk of the allowed as exemption	e expericable of bankr	ises. Enter the amount of the county and family size. (This aptcy court). The applicable family size is the county and family size.	IRS Housing and information is amily size consists of	\$	481.00

	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy co	on is onsists of			
20B	the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.	nts for any			
	a. IRS Housing and Utilities Standards; mortgage/rental expense	1,647.00			
	b. Average Monthly Payment for any debts secured by your	\$			
	home, if any, as stated in Line 42	0.00			
	c. Net mortgage/rental expense	\$	1,647.00		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and U	tilities		
	Actual rent (\$1800) plus utilities			392.00	
	Local Standards: transportation; vehicle operation/public transpo You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of			
22A	Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	es or for which the operating expe	enses are		
	□ 0 □ 1 ■ 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the	'Operating Costs" amount from II			
	Census Region. (These amounts are available at www.usdoj.gov/ust/		, I.	540.00	
22B	B  Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)				
* .	■ 1 □ 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Linthe result in Line 23. Do not enter an amount less than zero.	court); enter in Line b the total of	the Average		
	a. IRS Transportation Standards, Ownership Costs	\$	496.00		
	Average Monthly Payment for any debts secured by Vehicle	•	49.31		
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$ 446.6	
	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.			ψ <del>11</del> 0.0	
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 24. <b>Do not enter an amount less than zero.</b>	the Average			
	a. IRS Transportation Standards, Ownership Costs	\$	0.00		
	Average Monthly Payment for any debts secured by Vehicle b. 2 as stated in Line 42	\$	0.00		
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$ 0.0	
	Other Necessary Expenses: taxes. Enter the total average monthly e			3.0	
25	state and local taxes, other than real estate and sales taxes, such as inc				
25	I state and local taxes, other than real estate and sales taxes, such as me	ome taxes, sen employment taxes	s, social		

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	<b>\$</b>	113.20			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$	224.38			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$	1,469.00			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	640.00			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$	60.00			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	100.00			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$	12,129.77			
	Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in		12,125.11			
24	Note: Do not include any expenses that you have listed in Lines 19-32					
34	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your					
34	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
34	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$ 520.00	\$				
34	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00	\$	527.00			
34	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00 c. Health Savings Account \$ 0.00  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:	\$				
	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00 c. Health Savings Account \$ 0.00  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such	\$	527.00			
35	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$ 520.00	\$	527.00 0.00			

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	ex St or	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$ 50.00	
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).						\$ 0.00	
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40							\$ 677.00
				Subpart C: Deductions for D	ebt ]	Payment		
42	ov ch sc	vn, neck hed ise,	list the name of the creditor, id whether the payment includes uled as contractually due to ea	s. For each of your debts that is secure entify the property securing the debt, s taxes or insurance. The Average Mont ch Secured Creditor in the 60 months for additional entries on a separate page.	ate t hly F ollov	he Average Month Payment is the total ving the filing of t	nly Payment, and all of all amounts he bankruptcy	
			Name of Creditor	Property Securing the Debt	1	Average Monthly Payment	Does payment include taxes or insurance?	
		a.	Wells Fargo Dealer Services	2006 Hyundai Elan	\$	49.31	□yes ■no	
	Ш					Total: Add Lines		\$ 49.31
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					u may include in on to the ld include any such amounts in		
		a.	Name of Creditor -NONE-	Property Securing the Debt		1/60th of th	e Cure Amount	
	Ш						otal: Add Lines	\$ 0.00
44	рı	riori	ty tax, child support and alimo	claims. Enter the total amount, divided my claims, for which you were liable at ch as those set out in Line 28.				\$ 0.00
	C cł	hap art,	ter 13 administrative expense multiply the amount in line a	es. If you are eligible to file a case undo by the amount in line b, and enter the r	r cha	apter 13, complete ing administrative	the following expense.	
45	b	).	issued by the Executive Off information is available at with bankruptcy court.)	district as determined under schedules ice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	X		200.00	
	<u> </u> c			ative expense of chapter 13 case		otal: Multiply Line	es a and b	\$ 17.20
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$ 66.51		
				Subpart D: Total Deductions	fron	n Income		
47	T	otal	of all deductions allowed un	der § 707(b)(2). Enter the total of Line	s 33,	41, and 46.		\$ 12,873.28
				DETERMINATION OF § 707	<del></del>	PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$ 14,151.85		
49	E	ntei	the amount from Line 47 (T	otal of all deductions allowed under	707	(b)(2))		\$ 12,873.28
50	M	lont	hly disposable income under	§ 707(b)(2). Subtract Line 49 from Lin	e 48	and enter the resu	ılt.	\$ 1,278.57
51		)-m sult		r § 707(b)(2). Multiply the amount in I	ine 5	50 by the number	60 and enter the	\$ 76,714.20

	Initial presumption determination. Check the applicable box and proceed as directed.								
52	The amount on Line 51 is less than \$7,475°. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.								
]	The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.								
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. C	omplete the remainder of Part VI (I	ines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt								
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	er 0.25 and enter the result.	\$						
	Secondary presumption determination. Check the applicable box and proceed	as directed.							
55	The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	for "The presumption does not aris	e" at the top of page 1						
-	The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top						
	Part VII. ADDITIONAL EXPENSE	E CLAIMS							
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(1). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.								
	Expense Description	Monthly Amou	nt						
	a.	\$							
	h.	\$							
-	c.	\$ \$	<b></b>						
	Total: Add Lines a, b, c, and d	\$	· · ·						
Part VIII. VERIFICATION									
57	I declare under penalty of perjury that the information provided in this statement must sign.)  Date: March 13, 2014 Signature	is true and correct. (If this is a join are: /s/ Richard Jonathan Garza, Richard Jonathan Garza, (Debtor)	za, Jr. Jr.						
		400	Cofe						

<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.